



State of Michigan
Department of Consumer & Industry Services
BUREAU OF WORKERS' & UNEMPLOYMENT COMPENSATION
Cadillac Place – Tax Office – Suite 11-500
3024 W. Grand Blvd.
Detroit, Michigan 48202
www.michigan.gov/bwuc



Employer's Report on Partial Transfer of Business

UC EMPLOYER NUMBER _____ MAIL DATE _____

On or about _____ you transferred a portion of your business to:

From the information available, it appears that as a result of this transfer, the Transferee qualified for a pro rata assignment of your Experience Rating Account.

The percent of transfer is determined on the basis of wages of employees whose services were performed in connection with the transferred portion of your business during the four (4) completed calendar quarters preceding the transfer date.

In order to accurately transfer a portion of your Experience Rating Account and properly allocate any unemployment benefits which might have been charged erroneously to your account, please complete the back of this form and return it within thirty (30) calendar days from the above date. **Failure to comply within 30 days will necessitate a rating account determination on the basis of the best information available. Also, this may result in a No-Transfer.**

I certify that the information contained in this report is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Print Name: _____

Title: _____

